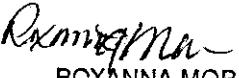


AO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE		
Service of the Summons and complaint was made by me <sup>(1)</sup>	DATE	8/8/2007
NAME OF SERVER (PRINT) NINEL YERMASH	TITLE PARALEGAL/LEGAL ASSISTANT	
<i>Check one box below to indicate appropriate method of service</i>		
<input type="checkbox"/> Served personally upon the defendant. Place where served:  <input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left:  <input type="checkbox"/> Returned unexecuted:  <input checked="" type="checkbox"/> Other (specify): Served via Certified Mail Return Receipt Requested, CMR #7002 0510 0002 0248 9190. Served upon Attorney General US Department of Justice, 950 Pennsylvania NW, Washington, DC 20530		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL \$0.00
DECLARATION OF SERVER		
I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.		
Executed on <u>8/14/2007</u>	<u>ROXANNA MORA</u> <i>Signature of Server</i>	
<u>18 East 41st Street, Suite 1500, New York, NY 10017</u> <i>Address of Server</i>		
 ROXANNA MORA Commissioner of Deeds City of New York No. 2-12218 Commission Expires April 1, 2009		
<i>Sworn before me.            This 14th day of            August, 2007</i>		

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <i>Levitt</i> <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>X <i>Levitt</i> <input type="checkbox"/> Aug 18 2007</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery  <i>Levitt</i> <input type="checkbox"/> Aug 18 2007</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes    If YES, enter delivery address below: <input type="checkbox"/> No  <i>Levitt</i></p>	
<p>1. Article Addressed to:  <i>Attorney General    U.S. Department of Justice    950 Pennsylvania Ave, NW    Washington, DC 20530-0001</i></p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number  <i>(Transfer from service label)</i></p>		<p>7002 0510 0002 0248 9190</p>	

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

**U.S. Postal Service  
 CERTIFIED MAIL RECEIPT  
*(Domestic Mail Only; No Insurance Coverage Provided)***

		9190	
		0248	0002
		0510	7002
Postage	\$		
Certified Fee			
Return Receipt Fee <i>(Endorsement Required)</i>			
Restricted Delivery Fee <i>(Endorsement Required)</i>			
Total Postage & Fees	\$		
<p>Sent To <i>Attorney General, US Dept. of Justice</i>    Street, Apt. No.,    or PO Box No. <i>950 Pennsylvania Ave, NW</i>    City, State, ZIP+4 <i>Washington, DC 20530-0001</i></p>			
See Reverse for Instructions			

*Levitt* *68385-05*

PS Form 3800, January 2001